

Screening/Prevention Programs

Screening Program Descriptions

Screening for Co-existing Mental Health and Substance Use Disorders

All members aged 14 or older identified for moderate- or high-tier case management services will be screened for co-existing mental health and substance abuse disorders. Members requiring low-tier case management services do not require service authorization or Magellan clinical review, therefore we do not include them in the screening program. Magellan uses the PHQ-9 to screen for depression and the CAGE or AUDIT C to screen for substance abuse.

Screening of Patients with Significant Medical Issues for Behavioral Health Disorders

All members referred by partner health plans will be screened for behavioral health disorders and treatment needs. All health plan partners have targeted disease management programs and refer for additional behavioral health clinical review as part of the initial condition-specific health risk assessment. Demographic data indicate that a depressive disorder is the top inpatient and outpatient diagnosis in adults for all product lines. Health plan partners' pharmacy reports show that antidepressant medications are prescribed more frequently in the primary care setting than in the behavioral health setting, thus depression is common in both MBHO and MCO members.

Autism Spectrum Disorder (ASD) Comorbid Depression Screening Program for Adolescents

This program screens adolescent members diagnosed with an autism spectrum disorder (ASD) for co-occurring depressive disorders. The members participate in applied behavior analysis (ABA). Using standardized depression screening tools, the ABA provider administers PHQ-A or PHQ-9. In collaboration with the provider, the goal of the program is early identification, referral, education and treatment of a depressive disorder in those adolescent members identified with co-occurring ASD. Ultimately, we designed this program to decrease the severity, length, and associated morbidity of the depressive disorder, as well as its interference with ABA treatment. The program also includes

education for members and healthcare providers as to the signs and symptoms of depression secondary to ASD. The intent is to improve coordination between behavioral health, primary care, ABA and other treatment teams, and invoke behavioral strategy changes for members and healthcare practitioners.

Depression and Substance Abuse Screening Program for Members with a Comorbid Medical Condition

This program focuses on early identification, referral and treatment of a depressive disorder, with additional screening and treatment for substance abuse disorders, in addition to education about depression, substance abuse and medical illness in those patients identified with a co-occurring chronic medical condition. It is designed to decrease the severity, length of illness, and associated morbidity by increasing the rate of depression and substance use screening. A second goal is to educate members and healthcare providers as to the signs and symptoms of depression or substance abuse secondary to a chronic medical condition.

Depression Screening for Members with Diabetes and Co-morbid Coronary Artery Disease

This program focuses on members at risk for depression who have been identified with uncontrolled diabetes and had at least one cardiac event. The goal of the program is the early identification, referral, and treatment of a depressive disorder and education about depression in those patients identified with a co-occurring chronic medical condition. The screening program is designed to decrease severity, length of illness and associated morbidity by increasing the rate of depression screening. Another goal is to educate members and healthcare providers as to the signs and symptoms of depression secondary to specifically diabetes with at least one cardiac event while also improving coordination between behavioral health and medical care.

Postpartum Depression Education, Screening and Treatment Referral Program

The first goal for this program is to identify and make an appropriate referral for treatment of depressive disorders in new mothers. This is designed to decrease the severity, length of illness and associated morbidity by increasing the rate of depression screening in the early postpartum period. Magellan also uses this program to educate

members and healthcare providers about the signs and symptoms of postpartum depression. Through this program we intend to lessen the effects of maternal postpartum depression on infants and families.

The Patient Health Questionnaire Two-item Scale (PHQ-2) Screening Program, or the Global Appraisal of Individual Needs-short Screener (GAIN-SS) Screening Program

Either of these tools may be selected to conduct a screening program that targets adults and adolescents who would benefit from preventative care, especially those that have a high prevalence of complex and comorbid illnesses, such as Medicaid recipients. The screening helps identify those who would benefit from further assessment or referral for psychiatric disorders or substance use disorders – members with crime and violence problems, those suspected of having a depressive disorder, and/or individuals with a mental illness who could also potentially have a substance use disorder.

Screening for Co-existing Mental Health and Substance Use Issues

This program targets all members managed by Magellan who have been admitted to an acute inpatient level of care for a behavioral health issue, specifically major depression or other depressive/mood disorders. The screening program is a collaborative effort between Magellan and the treating facility, as the facility completes the screening with the member for substance use related issues. If a co-existing substance use disorder is identified through the screening, we refer the member to the Magellan Complex Case Management (CCM) program for additional assessment for available services and support.

Screening for Early Identification and Intervention for Depression, Anxiety and Other Mental Health Concerns

This early identification screening program targets members between 5 and 15 years old who have utilized employee assistance program (EAP) services. The goal is to conduct a behavioral health screening to identify younger members who may need support and services beyond the EAP. Support and resources can be provided to the families of those members as well. By early screening for depression, anxiety or other behavioral health concerns we hope to reduce the severity and length of issues that members might experience.

Child and Adolescent Needs and Strengths (CANS) Comprehensive and the Independent Behavioral Health Assessment (IBHA)

The assessment is completed within the first 30 days of referral and every 180 days thereafter as part of a face-to-face interview with the youth and their primary caregiver. The assessment is then used by the youth's Child and Family Team (CFT) to determine what behavioral health and substance use needs are addressed as part of the youth's individualized plan of care (POC). The program includes the following assessments and screening tools:

- **Child and Adolescent Needs and Strengths (CANS)**
Comprehensive: The CANS is a multi-purpose tool developed to support care planning and level of care decision-making, to facilitate quality improvement initiatives and to allow for the monitoring of outcomes of services. The CANS was developed from a communication perspective to facilitate the linkage between the assessment process and the design of individualized service plans including the application of evidence-based practices. Domains assessed through the CANS include: child emotional and behavioral needs, risk behaviors, developmental functioning, personal/interpersonal functioning, and family functioning. The CANS is an open domain tool. The copyright is held by the Praed Foundation to ensure that it remains free to use.
- **Independent Behavioral Health Assessment (IBHA):** The IBHA is a supplementary psychosocial assessment completed with CANS Comprehensive. It provides a narrative description of the youth's behavioral health history and current mental status. It includes finding from the CANS Comprehensive, medical records, objective evaluation of functional ability and any other available records.
- **Screening Tools**
Screenings are informal symptom checks, such as checklists or questionnaires, that can be used as part of an assessment or at different points in treatment to measure progress. These screening tools are used as part of the formal assessment process and are accessible to our behavioral health providers for use at the member level.
 - **Patient Health Questionnaire 9 (PHQ-9)** - This brief 9-question tool can be used with youth 12 and older to screen for the presence of depressive symptoms within the past

two weeks to determine whether further evaluation/treatment is needed.

- **Mood and Feelings Questionnaire - Short Version (MFQ-SV) Child Version** - This screening tool includes 13 questions to assess how a youth has been feeling or acting during the previous two weeks. This simple questionnaire is phrased in terms that are easily understood by children aged 11 and younger.
- **The Adverse Childhood Experience (ACEs) survey** - The ACEs survey is a brief 10-question screen that can help youth and families identify childhood events that could be associated with trauma. The goal of the ACEs is to increase awareness about how these experiences may negatively impact the youth's long-term behavioral and physical health.

Child and Adolescent Needs and Strengths (CANS) Assessments

Children and adolescents over the age of three who would benefit from Behavioral Health Rehabilitation Services (BHRS) and/or Intensive Residential Treatment (IRTF) are screened prior to receiving services. The program includes children with a diagnosis on the autism spectrum. The CANS, which is a multi-purpose tool, to support care planning and level of care decision-making, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services. The CANS was developed from a communication perspective to facilitate the linkage between the assessment process and the design of individualized service plans including the application of evidence-based practices. The CANS consists of domains that focus on various areas in a child/youth's life, and each domain is made up of a group of specific items. There are domains that address how the child/youth functions in everyday life, on specific emotional or behavioral conditions, risk behaviors, cultural considerations, strengths to be developed, and on caregiver needs.

Magellan SmartScreeener Application

The application is used for Adults identified within the Digital Cognitive Behavioral Health Platform, who would benefit from an emphasis in preventative care, especially those who have a high prevalence of depression and /or complex and co-morbid illnesses. The Platform utilizes an algorithm applying member Serious and Persistent Mental Illness (SPMI) diagnoses along with other demographic information, as well as utilizing authorization data for a period of six months for 24 hour levels of care and

nine months of claims data for outpatient levels of care to stratify members into risk categories. All members in an Integrated Health Program for dually diagnosed serious mental illness and chronic physical health conditions are offered the SmartScreeener.

Social Determinants of Health

Magellan Care Managers and Recovery Support Navigators document in member records screening for the social determinants of health using the HealthLeads tool in conversations with members, in coordination with the physical health provider for members with comorbid mental health and physical health conditions, and from care management review for members in higher levels of care. The HealthLeads tool includes the ten top needs in one item yes/no responses. These ten items cover: food insecurity, utilities, housing, childcare, medical care cost, transportation, literacy, safety, employment and companionship.

Preventive Health Program Descriptions

Medication-assisted Treatment

Magellan has identified and is focused on decreasing the incidence of relapse in substance abuse. The focus of intervention is increasing the appropriate use of abstinence-promoting medications as part of the discharge treatment plan for patients completing inpatient treatment for a primary alcohol and/or other drugs (AOD) diagnosis. Medication-assisted treatment (MAT) is a potentially beneficial initiative to assist in ongoing efforts to improve outpatient care services and to reduce incidences of relapse occurrences requiring readmission for further inpatient treatment.

Enhanced Coordination of Care for Providers Treating Members with SPMI

This program supports providers treating members diagnosed with a serious and persistent mental illness (SPMI) with coordination and transition of care. We evaluate pharmacy, laboratory and behavioral health information to ensure members are receiving the most appropriate care, in the most appropriate setting. When potential non-compliance issues are identified, we notify providers.

Follow-up After Behavioral Health Hospitalization

The Follow-up After Hospitalization (FAH) program educates and supports the member and their family in continued treatment engagement following hospitalization, to maximize progress toward improvement. We

designed interventions to support a collaborative, multidisciplinary approach to the targeted members, and focus on engaging the member and their family in the discharge planning process. We do this through educating them on the importance of aftercare follow up, soliciting the input of the member and family and the hospital treatment team in establishing an aftercare plan, and providing post-discharge support and individual or parental outreach as age appropriate, particularly for members identified as being at risk for non-compliance.